

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. <div style="text-align: center; font-size: 1.2em;">79010432</div> | FILING DATE | | | | | |
|--|----------|------|------------------------|------|------------------------|------|---|--------------|------|------|------|------|------|
| CLAIMS | | | | | | | APPLICANT(S) | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | ★ | | ★ | | ★ | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | | | | | | | | |
| 2 | 1 | | 1 | | | | | | | | | | |
| 3 | | 2 | | 2 | | | | | | | | | |
| 4 | | 2 | | 2 | | | | | | | | | |
| 5 | | 2 | | 2 | | | | | | | | | |
| 6 | | 2 | | 2 | | | | | | | | | |
| 7 | | (1) | | 2 | | | | | | | | | |
| 8 | | (3) | | 2 | | | | | | | | | |
| 9 | 1 | | 1 | | | | | | | | | | |
| 10 | | 1 | | 1 | | | | | | | | | |
| 11 | | 1 | | 1 | | | | | | | | | |
| 12 | | 1 | | 1 | | | | | | | | | |
| 13 | | 1 | | 1 | | | | | | | | | |
| 14 | 1 | | 1 | | | | | | | | | | |
| 15 | 1 | | 1 | | | | | | | | | | |
| 16 | 1 | | 1 | | | | | | | | | | |
| 17 | | 2 | | 2 | | | | | | | | | |
| 18 | | (2) | | 2 | | | | | | | | | |
| 19 | | (2) | | 2 | | | | | | | | | |
| 20 | | (2) | | 2 | | | | | | | | | |
| 21 | | (2) | | 2 | | | | | | | | | |
| 22 | | (2) | | 2 | | | | | | | | | |
| 23 | | 2 | | 2 | | | | | | | | | |
| 24 | | (2) | | 2 | | | | | | | | | |
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| 31 | | (2) | | 2 | | | | | | | | | |
| 32 | | (2) | | 2 | | | | | | | | | |
| 33 | | (2) | | 2 | | | | | | | | | |
| 34 | | (2) | | 2 | | | | | | | | | |
| 35 | | (2) | | 2 | | | | | | | | | |
| 36 | | (2) | | 2 | | | | | | | | | |
| 37 | | (2) | | 2 | | | | | | | | | |
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| 100 | | | | | | | | | | | | | |
| TOTAL IND. | 0 | | 130 | | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | 40 | | 7 | | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | 46 | | 41 | | | | | TOTAL CLAIMS | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy

FORM PTO-1360 (REV. 3-78)

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